



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL

City of Hospital: Hartford City

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1302

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7565474
Outpatient Patient Service Revenue	\$34318869
<b>Total Gross Patient Service Revenue</b>	<b>\$41884343</b>

2. Deductions From Revenue

Contractual Allowance	\$22452347
Other Deductions	\$-95128
<b>Total Deductions</b>	<b>\$22357219</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$19527124
Other Operating Revenue	\$290321
<b>Total Operating Revenue</b>	<b>\$19817445</b>

4. Operating Expenses

Salaries and Wages	\$5032995	Employee Benefits	\$1376303
Depreciation and Amortization	\$746212	Interest Expense	\$0
Bad Debt	\$1623073	Other Expenses	\$12503654
<b>Total Operating Expenses</b>	<b>\$21282237</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1464792	Total Assets	\$16288534
Net Non-operating Gains over Loss	\$57498	Total Liabilities	\$16288534

Total Net Gains	\$-1407294
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22658280	\$10888532	\$11769748
Medicaid	\$7779759	\$6344118	\$1435641
Other Government	\$548799	\$336288	\$212511
Other State	\$0	\$0	\$0
Other Payers	\$10897505	\$6411353	\$4486152
Total	\$41884343	\$23980291	\$17904052

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$800	\$-800

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$19467	\$-19467
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	206

Statement Six: Charity Statement
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Hospital Charity Charges	\$898896
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$410885	
HCI Payments	\$0		
Subtotal	\$0	\$410885	\$-410885
Medicaid Shortfalls	\$1458532	\$4264191	
Subtotal	\$1458532	\$4675076	\$-3216544
DSH Payments	\$0		
Subtotal	\$1458532	\$4675076	\$-3216544
Medicare Shortfalls	\$7901969	\$7541006	
Other Government Programs	\$0	\$0	
Total	\$9360501	\$12216082	\$-2855581

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$300208	\$335703	\$-35495
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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